

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee FRIENDS OF CAMERON HENRY PO BOX 23173 JEFFERSON, LA 70183 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/30/2009</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 16654 Date Filed: 2/17/2009
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">Chairperson</div> <div style="text-align: center; margin-top: 20px;">Treasurer</div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee		
b. Name of Candidate <div style="text-align: center;">J. CAMERON HENRY</div>	c. Office Sought by the Candidate <div style="text-align: center;">STATE HOUSE JEFFERSON 82</div>	
9. a. Name of Person Preparing Report WILLIAM VANDERBROOK CPA b. Daytime Telephone 504-455-0762		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>17th</u> day of <u>February</u> , <u>2009</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>J. CAMERON HENRY</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>504-416-2398</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>		

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

REGIONS BANK

b. Address

840 S CLEARVIEW PKWY
HARAHAN, LA 70123